

# FEC Conference Registration Form

Name:

Position:

Organization:

Street Address:

City/State/Zip:

Telephone Number:

FAX Number:

E-mail Address:

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## Conference Selection

Please check the conference that you are registering for:

☐ Chicago, September 9–10, 2003

☐ San Diego, October 28–29, 2003

## Team Selection

Please check the team that best represents your interests

☐ Option A1: Political Party Committees

☐ Option A2: Federal Candidate Committees

☐ Option A3: Corporate/Trade/Labor Political Action Committees

## Day 1 PM Breakout Selection

Please check one of the following options:

☐ Option B1: New Rules for Party Committees Supporting Federal Candidates

☐ Option B2: New Rules for PACs and Individuals Supporting Federal Candidates

☐ Option B3: FEC Reporting and Electronic Filing for PACs

## Day 2 AM Breakout Selection

Please check one of the following options:

☐ Option C1: Reporting for Party Committees

☐ Option C2: Reporting for Campaigns, Part 1

☐ Option C3: Corporate/Labor Communications on behalf of Federal Candidates and Parties

## Day 2 PM Breakout Selection

Please check one of the following options:

- ☐ Option D1: The New Allocation Rules for Party Committees
- ☐ Option D2: Reporting and Electronic Filing for Candidates, Part 2
- ☐ Option D3: Organizing Political Events on Behalf of Federal Candidates or Parties

### To register, choose one of the three options below:

1. Mail registration form and fee by August 18 for the Chicago conference or by October 6 for the San Diego conference to:

Sylvester Management Corporation  
PO Box 986  
Irmo, SC 29063

Please make check (\$385) payable to Sylvester Management Corporation; note FEC 2003 Chicago Conference or FEC 2003 San Diego Conference on the memo line, as applicable. Note: Credit card payments will be credited as paid to Sylvester Management Corporation on your statement. For credit card payments, please complete:

I authorize payment to my credit card below:

Credit Card

☐ Visa<sup>®</sup>    ☐ MasterCard<sup>®</sup>    ☐ American Express<sup>®</sup>

Card Number

Expiration Date

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Name on Card

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Signature of Cardholder

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2. Fax registration form and credit card payment information to (803)732-0135.
3. Register online at: [www.fec.gov/pages/infosvc.htm#Conferences](http://www.fec.gov/pages/infosvc.htm#Conferences)